



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING**

**February 11, 2004
Richard M. Flynn Fire Academy
Concord, New Hampshire**

Members Present: John Sutton, MD, Eileen Corcoran, RN, Michael Pepin, EMTP, Karen McBride, RN, Tony Corum, EMTP, Sandy Hillsgrove, EMTP

Guests: Donna York Clark, RN, Janet Houston, Vanessa Barrett, RN,

Bureau Staff: Sue Prentiss, EMTP, Clay Odell, EMTP, RN, Fred von Recklinghausen, EMTP

I. Call to Order

Item 1. The February meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:35 am on Wednesday February 11, 2004 at the Richard M. Flynn Fire Academy in Concord, NH.

II. Acceptance of Minutes

Item 1. Minutes. The minutes of the December 2003 meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

II. Committee Discussion Items

Item 1. NH Bureau of EMS Update: Clay Odell gave the Bureau of EMS report on behalf of Bureau Chief Sue Prentiss who had an early meeting with the Trauma Committee at Frisbie Memorial Hospital. The Bureau had been invited to FMH to discuss the state trauma system. The text of the Bureau report is attached.

Item 2. TEMSIS: The next step in the project is selecting the beta test sites for the two electronic PCR programs that were selected by the TEMSIS group. The next meeting is March 11, 2004 at 10:00am at the NH Fire Academy. John Clark has been appointed the ALS Coordinator for the NHBEMS and Jackie Stocking, RN, EMTP has been hired as the new part-time Trauma Documentation Coordinator.

Item 3. Legislative activities: Two NH bills were discussed. HB 266 is a bill requiring bike helmet use for children under age 16. The bill was defeated by 10 votes on Jan. 29th, then reconsidered on Feb. 5th. TMRC members were emailed on Feb. 2nd and encouraged to voice their opinion to their legislators. The bill failed by 15 votes on the 5th.

SB 454 is a bill seeking to repeal certain statutes that prohibit carrying a handgun without obtaining a license. The bill was heard in Committee yesterday with significant input from the public and various groups. The members of the TMRC should be aware of this bill, consider any possible affect of the bill on safety and injury prevention, and make their opinions known to their legislators.

Item 4. Trauma Hospital Renewal of Assignment Project The draft of the application packet for renewal of trauma assignment was reviewed by the group. Several minor modifications were suggested. John Sutton and Clay Odell were charged with making the modifications, then presenting the packet to the Emergency Medical and Trauma Services Coordinating Board for review and approval at the meeting March 18, 2004.

III. Old Business

Item 1. Air medical notification project Proceeding in the Monadnock Hospital catchment area. Still waiting to have discussion with the EMS Medical Director at Concord Hospital.

Item 2. System Performance Improvement Projects No report.

IV. New Business

Item 1. Air medical protocol revision: A discussion was held concerning the underutilization of air medical transport (AMT) services for direct scene responses in NH. In a recent 12-month period, 254 NH trauma patients were flown to trauma hospitals, but only 59 were flown directly from the scene. Many of the other 195 patients could probably have benefited from direct scene response.

Some of the reasons for underutilization of AMT include insufficient support of the concept and practice of AMT by EMS physicians in NH and the difficulties encountered by EMS providers obtaining on-line medical direction. Both these roadblocks could be improved substantially by changing the statewide protocols to allow activation of AMT under standing orders for severely injured trauma patients. Standing orders would be

an indirect support of AMT by EMS Medical Directors, and EMS providers would not have to encounter the difficulties trying to establish contact with Medical Control.

A QI program is a better way to manage AMT of patients than on-line medical control. The numbers of patients involved in scene AMT in a given year in NH will be low enough that active off-line review of AMT calls would not be burdensome to any individual hospital. A goal of the TMRC of doubling the number of scene flights in NH would increase that number to 120, reflecting a 46% scene flight percentage, a number that is closer to national averages. This number of scene flights per year would be expected to impact any given hospital by 4-6 cases per year.

The recommendation of the TMRC is that a significant improvement to the NH Trauma System can be made by implementing statewide standing orders for activation of AMT for severely injured trauma patients.

The NH Medical Control Board is undergoing revision of protocols now and is expected to roll them out by January 2005. The consensus of the TMRC is to strongly advocate for statewide standing orders for activation of AMT in the revised protocols. A subcommittee of the TMRC will be convened to review current protocols, review the protocols that have already received a draft revision, and work with the protocol review committee to make specific recommendations of specific protocols.

V. Public Comment

None

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:35 . He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday April 14, 2004 to accommodate schedules of those present. This will be a week earlier than the usual third Wednesday of the month.